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7590

09/07/2005

KATHRYN A MARRA

General Motors Corporation

Legal Staff, Mail Code 482-C23-B21

P.O. Box 300

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Patrice Uchno Leland

(Depositor's name)

Patrice Uchno Leland

(Signature)

Nov. 22, 2005

(Date)

11/23/2005 CNGUYEN1 00000005 070960 10808074

01 FC:1501 1400.00 DA

02 FC:1502 APPLICATION 300.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/808,074

03/24/2004

Norman K. Bucknor

GP-304355

5370

TITLE OF INVENTION: WIDE RATIO TRANSMISSIONS WITH THREE INTERCONNECTED PLANETARY GEAR SETS AND A STATIONARY MEMBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/07/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WRIGHT, DIRK	3681	475-275000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kathryn A. Marra

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

General Motors Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Detroit, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 07-0960 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Patrice Uchno Leland

Date

11/22/05

Typed or printed name

Patrice Uchno Leland

Registration No.

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